IOWA DEPARTMENT OF EDUCATION EVEN START

WILLIAM F. GOODLING FAMILY LITERACY GRANT 2006-2007

Form A					Due: April 1, 2006		
Agency/Program Name						sional District (circle one)	
					1 :	2 3 4 5	
Address	City				Zip Code		
Address		City			Zip Code		
Employee Federal Tax	Amount of Federal Grant			Amount of Local Share			
Identification Number (FT/	Funds Requested			Provided			
Application for: (check one)							
o New Grant or o Continuation Grant							
o New Grant or	o Continua						
				O Requested for Years 3 and beyond			
Total Grant (Fed + Local)				O Requested for Years 9 and beyond Estimated Number to be Served			
	Children:				Families:		
Telephone Number	FAX Number		E-Ma	il			
relephone Number	FAX Number		L-IVIA	11			
D 1 1711 (16 11 11 11 1				1			
Project Title (if applicable)		Geographic Served	Area	Urbar	1 O	School District Number	
		(Counties or	AEA)				
				Rural	0		
Brief Description of Proposed Project (This description will be used to portray the project on the Department web pages. Please do not exceed this space.)							
To the best of my knowledge, all data in this application are true and correct. The document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances if the project is selected for funding.							
Name of Head Administrat	Title:				Telephone:		
Signature:					Date:		
Mailing Instructions:							
Please send the original and three (3) copies of this application to							
Iowa Department of Education Attn: Haila Huffman							
Grimes State Office Building							
		s, Iowa 50319	_				
The configuration and as it is the second as it.							
The application and copies must be received at the Department by:							